2018 Current Fiscal Year Report: National Advisory Council on Migrant Health

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1. Department or Agency	2. Fiscal Year
Department of Health and Human Services	2018
3. Committee or Subcommittee	**3b. GSA Committee No.**
National Advisory Council on Migrant Health	949

4. Is this New During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	11/29/1993		

8a. Was Terminated During FiscalYear?	8b. Specific Termination Authority	8c. Actual Term Date
No		

9. Agency Recommendation for Next FiscalYear	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Continue	Yes	

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment Authority	13. Effective Date	14. Commitee Type	14c. Presidential?
42 U.S.C. 218	07/29/1975	Continuing	No

15. Description of Committee National Policy Issue Advisory Board

16a. Total Number of Reports 2

16b. Report Date	Report Title
12/18/2017	Letter of Recommendations to the Secretary, Department of Health and Human Services
06/20/2018	Letter of Recommendations to the Secretary, Department of Health and Human Services

Number of Committee Reports Listed: 2

17a. Open 2 **17b. Closed** 0 **17c. Partially Closed** 0 **Other Activities** 0 **17d. Total** 2

Meetings and Dates

Purpose	Start	End
The purpose of the meeting is to discuss services and issues related to the health of migratory and seasonal agricultural workers and their families and to formulate recommendations for the Secretary of the Department of Health and Human Services. The agenda included an overview of the Council's general business activities. The Council received presentations from experts on issues affecting agricultural workers, including the status of agricultural worker health at the local and national levels. In addition, the Council held a public hearing where migratory and seasonal agricultural workers and community health workers testified regarding matters affecting the health of migratory and seasonal agricultural workers.	11/07/2017	11/08/2017

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Number of Committee Meetings Listed: 2

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	$16,800.00	$24,000.00
18a(2). Personnel Pmts to Federal Members	$0.00	$0.00
18a(3). Personnel Pmts to Federal Staff	$189,452.00	$197,360.00
18a(4). Personnel Pmts to Non-Member Consultants	$0.00	$0.00
18b(1). Travel and Per Diem to Non-Federal Members	$23,401.00	$32,251.00
18b(2). Travel and Per Diem to Federal Members	$0.00	$0.00
18b(3). Travel and Per Diem to Federal Staff	$4,064.00	$4,105.00
18b(4). Travel and Per Diem to Non-member Consultants	$0.00	$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	$90,028.00	$109,774.00
18d. Total	$323,745.00	$367,490.00
19. Federal Staff Support Years (FTE)	1.25	1.25

20a. How does the Committee accomplish its purpose?

The National Advisory Council on Migrant Health (NACMH/Council) meets twice each fiscal year (FY). FY 2018 NACMH meetings took place on November 7-8, 2017 and May 8-9, 2018. The Council reviewed information and data on topics of concern, health status, and health care services pertinent to migrant and seasonal agricultural workers (MSAWs) and their families, and discussed avenues for improving MSAW health status. Based on these discussions, the Council made recommendations addressing the following key areas: access to care and information; quality of care, occupational health, health information technology, and data; chronic disease prevention and management; and health system capacity and workforce. To improve the health status and available health care for MSAWs and their families, the Council made the following recommendations to HRSA Bureau of Primary Health Care (BPHC): I. Fully integrate primary care and mental/behavioral health services, and adopt Trauma Informed Care as a standard of practice at health centers serving MSAWs. Support the continued expansion of mental and behavioral health care services for agricultural workers through targeted supplemental funding to health centers to address shortages in the mental and behavioral health workforce. Collaborate with CMS to ensure behavioral health providers of all skill levels are able to bill for their services. Promote ongoing culturally competent training for behavioral health providers on Substance Use Disorders (SUD), depression and other behavioral health issues MSAWs face. Ensure the provision of technical assistance and

training to migrant health center (MHC) staff on the unique situational stressors experienced by MSAWs; and adopt universal screening using a trauma-focused screening instrument with all health center patients. Fund programs that train and employ community health workers to provide health education and enabling services to help MSAWs navigate through the health system. II. Ensure that enabling services are an integral part of providing comprehensive care to MSAWs, by fully funding and supporting health centers serving MSAWs towards the provision of enabling services. Provide supplemental funding opportunities and targeted technical assistance to health centers to build MHC capacity to develop model collaborations and/or networks with local and state agencies to support MSAWs access to care. For example, to address the social determinants of health and help MSAWs become more aware of their rights and the resources available to them, develop collaborations such as Medical-Legal Partnerships (MLP), a healthcare model that integrates legal care into the healthcare setting. Strong links between MHCs and MLPs can benefit MSAWs and their families who face diverse situations including living with domestic and intimate partner violence, and living in poor housing conditions, among others. Establish strong partnerships and collaborations with other federal agencies, including local representatives of Occupation Safety and Health Administration (OSHA) and Environmental Protection Agency (EPA), to identify and address occupational hazards and reduce injuries that impact agricultural workers; and collaborate with Agency for Healthcare Research and Quality (AHRQ), Rural Health Information Hub (RHIHub) and other HHS-supported platforms to encourage implementation of successful strategies, resources and opportunities that demonstrate improved health outcomes, and efficiencies in the provision and utilization of health care services. The Secretary support efficiencies that result in enhanced returns on investment, such as integration of community health workers (CHW), Promotor/as, and outreach workers into clinical care teams. III. Incorporate the following to draw attention to effects of Green Tobacco Sickness (GTS) among MSAWs, especially children and adolescents working on tobacco farms: a. Health centers that serve MSAWs conduct universal screening for environmental toxicants, including GTS, especially among pediatric and adolescent patients. b. Ensure the availability of training on the timely and appropriate diagnosis and treatment of GTS for health care professionals. Consider offering continuing medical education credits for clinical providers. c. Include GTS as a required clinical reporting measure in the BPHC annual Uniform Data System (UDS) collection. d. Create pathways for collaboration between employers, outreach and CHW programs, agricultural extension agents, Migrant Head Start Centers, and other agencies to provide workers with culturally and linguistically appropriate information and training about nicotine hazards, GTS prevention, and personal protective equipment (PPE) before letting MSAWs harvest tobacco. e. Commission a study to research and collect accurate data on the incidence and prevalence of GTS. f. Fund research to study the health effects

of prolonged occupational poisoning among MSAWs, especially children and adolescents who are uniquely vulnerable to environmental toxicants. g. Update the Department of Labor's list of Prohibited and Hazardous Occupations for Minors, to include tasks where children have direct contact with tobacco in any form, because child labor in tobacco fields is a common practice, and the health effects of long-term exposure are unknown. h. Include GTS-specific questions in the US Department of Labor's annual National Agriculture Workers Survey. IV. Support the continued expansion of telehealth services to provide access to care for MSAWs in rural and geographically isolated areas with limited access to transportation, by ensuring the following: a. The availability of telemedicine as a reimbursable service covered by the Federally Qualified Health Center (FQHC) Medicaid Prospective Payment System (PPS), to improve access to care for MSAWs and their families, in all states. FQHCs play a critical role for Medicaid patients and state programs by providing access and delivering value. b. Ensure uniformity in available telehealth services for all health centers, irrespective of the State of location. Uniformity should apply to definitions, reimbursement policies, licensure requirements and other important issues in their Medicaid Program Guidelines. Provide Federal Torts Claims Act (FTCA) coverage for telemedicine services. Support CMS in a modification of billing processes so that health centers have the capacity to bill as both the originating and distant site providers.V. The Secretary preserve the PPS system, which is central to continued viability and stability for health centers, while also protecting other federal investments. PPS ensures that health centers are not forced to divert their section 330 grant funds to subsidize low Medicaid payments, originally provided to support health center operations and care to the uninsured. Ensure CMS conducts ongoing updates to keep PPS rates at pace with inflation and with changes to the range of services health centers provide; ensure that all states permit health centers to bill Medicaid for more than one medical, mental/behavioral health, or dental encounter per day to ensure optimal seamless care. Currently, individual States pursue diverse reimbursement policies, especially as new legislation is introduced each year. CMS provide guidance to state Medicaid agencies on simplifying state licensure requirements that are an impediment to billing. VI. Collaborate with relevant federal and non-federal stakeholders to undertake and lead an effort towards a national and state-by-state enumeration of the MSAW population, for an accurate identification of the number of MSAWs and family members eligible for HRSA services. This will enable HRSA to both identify need for services, accurately plan and interpret the impact of FQHCs on MSAWs and their families.VII. Implement a comprehensive approach to chronic disease prevention and management for MSAWs, by encouraging health centers to collaborate with local partners to provide increased, consistent and sustained access to healthy and culturally relevant foods for MSAW. FQHCs employ standard data collection tools (e.g., PRAPARE) to assess food insecurity in patients and families during primary care visits. Health centers train community health workers and clinicians to provide

Chronic Disease Self-Management Education (CDSME), and identify common co-morbid mental health issues by integrating mental health screenings and services into primary care visits. Ensure the provision of relevant patient education and support inside and outside of the clinic walls, and focus on preventive care of MSAW children and young adults to decrease overweight/obesity incidence and proactively ameliorate future incidence of chronic disease progression.

20b. How does the Committee balance its membership?

The Council consists of board members from migrant and community health centers, migrant farmworkers, a farmer and individuals experienced in research, the medical sciences or the administration of health programs. Most of the members are active locally and statewide on various councils and planning committees. They have diverse backgrounds and experiences. There is geographic representation from the three migrant farmworker streams (east, mid-west, west) on the Council.

20c. How frequent and relevant are the Committee Meetings?

The NACMH Charter requires that the Council meet bi-annually at the call of the Chair and with the advance approval of the Designated Federal Official. In FY 2018, the Council had two face-to-face meetings, held in Raleigh, NC and Yakima, WA. The location and timing of the meetings varies in order to facilitate opportunities for the Council members to meet significant stakeholders, working in different aspects of healthcare provision to MSAWs and their families. During the meeting held in Raleigh, NC and Yakima, WA the Council had the opportunity to hear testimonies from MSAWs and their families, to gain firsthand information on issues that impact the health of these individuals and their families. These testimonies provided valuable information in the development of recommendations for the Secretary of the Department of Health and Human Services.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

There are no other Federal programs that specifically address the health needs of migratory and seasonal agricultural workers and their families with representation from governing boards and patients of migrant and community health centers. Most other groups have a primary focus in a specific area (e.g., education, agriculture, housing, etc.). The authorizing legislation for the Council defines its make-up and ensures that it consist of a majority of individuals who are directly involved in the governance of migrant health centers. The Council is charged with advising, consulting with, and making recommendations to the Secretary of the Department of Health and Human Services and the Administrator of the Health Resources and Services Administration regarding the organization, operation, selection, and funding of migrant health centers and other entities

funded under section 330(g) of the Public Health Service (PHS) Act (42 U.S.C. §254b).The NACMH Charter requires that the Council consist of fifteen members including the Chair and Vice-Chair. All members serve four-year terms. Twelve Council members are required to be governing board members of migrant health centers and other entities assisted under section 254(b) of the PHS Act, at least nine of which must be patient board members. Three Council members must be individuals qualified by training and experience in the medical sciences or in the administration of health programs.

20e. Why is it necessary to close and/or partially closed committee meetings?
N/A

21. Remarks
The National Advisory Council on Migrant Health had its first meetings for FY 2018: November 7-8 , 2017. The recommendations to the Secretary of the Department of Health and Human Services (DHHS) for the November meeting were submitted on December 18, 2017. The second meeting for FY 2018 was held May 8-9, 2018. The recommendations to the Secretary of DHHS for the May meeting were submitted on June 20, 2018.

Designated Federal Officer
Esther Paul Public Health Analyst, Office of Policy and Program Development, Bureau of Primary Health Care, Health Resources and Services Administration, 5600 Fishers Lane, Rockville, MD 20857

Committee Members	Start	End	Occupation	Member Designation
Aguilar, Rogelio	11/25/2016	11/25/2020	Health Center Board Member/Loan Underwriter	Special Government Employee (SGE) Member
Andres-Paulson, Adriana	10/14/2015	11/25/2018	Board Member- Patient	Special Government Employee (SGE) Member
Brown-Singleton, Sharon	03/01/2018	02/26/2022	Migrant Health Professional	Special Government Employee (SGE) Member
Castro, Susana	10/14/2015	11/25/2018	Manager, Patient Services, Northwestern Memorial Hospital	Special Government Employee (SGE) Member
Diaz, Alina	11/14/2014	11/25/2017	Patient Advocate	Special Government Employee (SGE) Member
Jaime, Daniel	11/25/2016	11/25/2020	Board Member; Director, Migrant Head Start Project	Special Government Employee (SGE) Member
LaBarge, Christopher	10/14/2015	11/25/2018	Pastor, Board Member	Special Government Employee (SGE) Member
Morgan, William	10/14/2015	11/25/2018	Chaplain and Spanish Interpreter, Fruitbelt Farmworkers Christian Ministry	Special Government Employee (SGE) Member
Paras, Horacio	10/14/2015	11/25/2018	Board Member, Patient; Member Connections Representative, California Health & Wellness	Special Government Employee (SGE) Member
Phillips Martinez, Amanda	10/14/2015	11/25/2018	Senior Research Associate, Georgia Health Policy Center	Special Government Employee (SGE) Member
Salazar, Deborah	03/01/2018	02/26/2022	Board Member	Special Government Employee (SGE) Member

Skoog, Gary	11/25/2016	11/25/2020	Board Member, Farmer	Special Government Employee (SGE) Member
Snipes, Shedra	03/01/2018	02/26/2022	Migrant Health Researcher, Assistant Profesor	Special Government Employee (SGE) Member
Triantafillou, Stephanie	10/14/2015	11/25/2018	Board Member, Health Center Administrator	Special Government Employee (SGE) Member

Number of Committee Members Listed: 14

Narrative Description

The National Advisory Council on Migrant Health supports the Agency's mission to improve the Nation's health by providing recommendations that assist the Secretary of the Department of Health and Human Services and HRSA Adminitrator in improving the delivery of quality health care and enabling services to migratory and seasonal agricultural workers and their families.

What are the most significant program outcomes associated with this committee?

	Checked if Applies
Improvements to health or safety	✓
Trust in government	✓
Major policy changes	✓
Advance in scientific research	
Effective grant making	✓
Improved service delivery	✓
Increased customer satisfaction	✓
Implementation of laws or regulatory requirements	✓
Other	

Outcome Comments

NA

What are the cost savings associated with this committee?

	Checked if Applies
None	
Unable to Determine	✓
Under $100,000	
$100,000 - $500,000	
$500,001 - $1,000,000	
$1,000,001 - $5,000,000	
$5,000,001 - $10,000,000	
Over $10,000,000	

Cost Savings Other ☐

Cost Savings Comments
NA

What is the approximate Number of recommendations produced by this committee for the life of the committee?
402

Number of Recommendations Comments
This Council has made the decision to limit the number of recommendations to those that impact the organization, operation, selection, and funding of migrant health centers as well as other health center programs. The Reports tab contain the list of recommendations and attachments.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?
60%

% of Recommendations Fully Implemented Comments
Some of the recommendations made were beyond the Secretary's authority. Other recommendations were not feasible to implement at that time.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?
40%

% of Recommendations Partially Implemented Comments
Some of the recommendations were modified to better align with the goals and strategic plan of the Department of Health and Human Services.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?
Yes ☑ No ☐ Not Applicable ☐

Agency Feedback Comments
The Associate Administrator for the Bureau of Primary Health Care, HRSA's Administrator and managers, and the Designated Federal Official provide updates to the Council members on HHS/HRSA/BPHC policies and programs impacting migratory and seasonal

agricultural workers and their families. These updates are addressed during face-to-face meetings and technical assistance conference calls. The Secretary also responds to the NACMH letter of recommendations by official correspondence.

What other actions has the agency taken as a result of the committee's advice or recommendation?

	Checked if Applies
Reorganized Priorities	✓
Reallocated resources	
Issued new regulation	
Proposed legislation	
Approved grants or other payments	
Other	

Action Comments

The recommendations from the Council provide the Secretary and the Administrator of the Health Resources and Services Administration valuable information to establish strategic priorities for services provided at migrant health centers.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

N/A

How is access provided to the information for the Committee's documentation?

	Checked if Applies
Contact DFO	✓
Online Agency Web Site	✓
Online Committee Web Site	✓
Online GSA FACA Web Site	✓
Publications	
Other	

Access Comments

N/A